

I You To Join The PTA

Individual Membership Opportunities

_____ \$8.00 - Single Membership _____ \$15.00 - Two Adult Membership

Parent/Guardian Name: _____

2nd Parent/Guardian Name: _____

Address: _____

Cell Phone Number: _____

Child Name(s): _____

Business Membership Opportunities

_____ \$50.00 - Membership includes a window decal and business advertising through the website - PTA page, Facebook, online directory and newsletter.

_____ \$100.00 - Business advertising through - PTA page, Facebook, online directory and newsletter plus a banner advertisement *for the entire school year.

*The PTA will have the banner printed with your company logo

Business Name: _____

Address: (exactly as you would like it shown in the directory)

Phone Number: _____ Contact Person: _____

Email Address: _____

Membership on behalf of (please indicate student(s) or classroom credit(s):

Student: _____ Teacher: _____

Student: _____ Teacher: _____

Student: _____ Teacher: _____

Make checks payable to Sequiota PTA. Thank you for supporting our children and our school!

 -Jackie Durbin - 1st Vice President, Membership Chair 2018-2019

For Office Use Only

Cash Check # _____ Deposit Date: _____ Card(s) Issued Added to Roster

